SC’s CHIPRA Quality Demonstration Grant
February 2010 – 2015

Category A
Card Measures
- Incorporate EHR and telehealth
- Follow-up

Category B
Health Information
- Electronic health records
- Improve quality

Category C
Medical Home / Behavioral Health
- Integration of mental health services
- Medical home / behavioral health

Goal: Improving children’s health outcomes in SC

Influence of QTIP
Changes in DHHS:

- Fluoride Varnishing Policy
- Protocol for Mental Health screening and reimbursement
- Provided structure for SCDHHS other initiatives

Also, shift in the system of care was noted ...
(MH resources and referrals)

QTIP – The Next Generation:

- Pediatric Quality Unit within SC DHHS’s Quality and Population Health Division
- Partner with South Carolina American Academy of Pediatrics
- Coordinating initiatives among DHHS, managed care, behavioral health and other state level efforts
- Expand the number of practices participating
Welcome to our QTIP 15 Practices

- All Children's Pediatrics
- Children's Clinic
- Coastal Pediatrics Associates
- Family Health Center
- Grand Strand Pediatrics and Adolescent Center
- Georgetown Pediatrics
- Hope Health Pediatrics
- Inlet Pediatrics
- Pediatric Associates of Florence
- Salerno Pediatrics
- Southside Pediatrics of Aiken

How QTIP will work with practices

- Conduct 2 learning collaborative (LC) sessions/year
  - Introduce evidenced based practices on core measures
  - Promote mental health and quality improvement concepts
  - Provide networking opportunities, discuss strategies, present successes and share lessons learned
- Provide a broad array of technical assistance
  - Webinars/conference calls
  - Site visits
  - Workshops

Working with practices

- Provide training on quality improvement techniques
- Continue mental health integration efforts (screening, resources, skill building...)
- Implement a new Data Collection method
- Work with the SC AAP to provide ABP MOC credits

Not be continued...

- EMR data extraction and quality reports
- Focus and assistance with NCQA — PCMH application

Highlights

- Quality reports generated from 7 practices on 14 measures
- PCMH Recognition:
  - QTIP11:
    - 5 QTIP practices = Level 3
    - 3 QTIP practices = Level 2
  - QTIP15
    - 2 practices = Level 3
    - 1 practice = Level 2
2015 practices:
Coastal Peds
Grand Strand
The Children's Clinic
Hope Health

2015 focus
- Selecting 7-10 measures; with a mandatory focus on 2-3 measure(s) for 24 months
- Freedom to select HOW to work on measures; also option to work on additional measures
- Supported by:
  - Anticipatory guidance
  - ABP MOC Part IV
  - Academic Detailing
    (Asthma, ADHD, SGA)

- Billing and coding guidance

* ADHD
* Well Child Visits
  1st 15 months
  3-6 years and adolescents
* Asthma
* HPV

QTIP plans to:
- Enhance data collection:
  - Senior leader report (SLR)
  - Exploring providing data through administrative claims (IFS)
- HEDIS Measures
  - Offer methods of improving overall care in your office which in turn improve scores
- Work on more measures/QI projects but need to report on WCV, ADHD and asthma MONTHLY via SLR.
- Provide administrative claims information quarterly

Mental Health
2011-2014
- AAP Mental Health Practice Readiness Inventory
- Screening protocol developed; reimbursement mechanism
- Training - LC, workshops, UMASS
- On-site Technical Assistance
- Identifying and Assessing Community Resources
- QTIP staff

2015 focus
- AAP Mental Health Practice Readiness Inventory; track progress
- Continue to review protocol and assess new screening tools
- Training - LC, workshops, UMASS (Fall 2015 only)
- On-site Technical Assistance
- Identifying and Linking practices with community resources
- QTIP staff
• HPV QI Workshops
  Sept. 11th and Nov. 20th

• MOC credits

• QI workshop for practice quality coordinators

• Communication on the secure QTIP Blog

• Monthly webinars (3rd Tuesdays)

• UMASS training (See Kristine Hobbs ASAP)
How QTIP Worked with Practices and Stakeholders

**Pediatric Practices**
- 18 practices selected
- Each practice identified a QI team lead: practitioner, nurse, and office manager
- 4 year commitment

**Plan-Do-Study-Act cycles**
- Practices document quality improvement work

**Maintenance of Certification**
- Physicians can earn Part IV MOC credit on QI work

**Regular Contact**
- Monthly conference calls
- Blog where data and QI minutes are also posted

Learning Collaborative
- Semi-annual sessions attended by QI team
- Quality measures presented, expert speakers, PCMH and behavioral health concepts, information sharing, etc.

**Site Visits**
- QTIP team technical assistance site visits
- Peer reviewer participation
- Academic detailing
- Mental Health education and community resource meetings
- Quality improvement coaching

CHIPRA Core Measures

1. ADHD management
2. Development Screening
3. Well Child Visit completion early
4. Well Child Visit completion middle
5. Well Child Visit completion Adol
6. Adol Vaccines (HPV)
7. Chlamydia Screening
8. Dental visits
9. Preventive dental visits
10. BMI
11. Mental Health follow up
12. Access
13. Family Centered care/family experience
14. Central line infections
15. Childhood vaccine rates
16. Use of stat test for pharyngitis
17. C-Section rate
18. Less than 2,500 gm
19. Freq. of prenatal care
20. Onset of prenatal care
21. ER visitation rates
22. Asthma ER visitation rates
23. Asthma medication
24. Suicide evaluation in depressed patients

QTIP Documentation of work on core measures

QTIP MOC by Topics
**What Happened with QTIP?**

- Improved attitudes toward behavioral health services
- Increased developmental and mental health screening
- Focused activities around obesity, ED visits, asthma, and ADHD
- Increased access for children's dental services
- Improved access to the medical home
- Focused on adolescents’ health needs, and
- Increased well child visits rates for children

**Core Quality Measures Questionnaire:**

**Rated Most Useful**

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<th>Core Measure</th>
<th>Usefulness</th>
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<tr>
<td>Adolescent Well Care Visits</td>
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<tr>
<td>Follow-Up Care for Children w/ Pre-Scribed ADHA Medication</td>
<td>100.00%</td>
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<tr>
<td>Preventive Dental Services</td>
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<td>BMI Assessment for Children/Adolescents</td>
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<td>Developmental Screening in First Three Years</td>
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<td>Vision/Preschool Children and Adolescents</td>
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<td>Well-Child Visits 3-6 Years</td>
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<td>Children's and Adolescents Access to Primary Care</td>
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<tr>
<td>Dental Examinations</td>
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<tr>
<td>Cholesterol Screening</td>
<td>90.00%</td>
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<tr>
<td>Adolescent/Emergency Department Visits</td>
<td>85.60%</td>
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**What our evaluators say**

- We demonstrated utility in a majority, but not all, of the original 24 CHIPRA measures as a basis for quality improvement efforts at the state level in pediatric ambulatory care.
- Of the 9 measures found least useful, both in clinician perception and QI effort, 4 have been dropped from the CHIPRA Core Set. Those rated as least useful and remaining include all prenatal measures and follow-up After Hospitalization for Mental illness.
- Higher numbers of POSAs (level of QI effort) appeared to contribute to improved performance on core measures.
- There is high level of consistency across clinician perception of usefulness, QI efforts (POSAs) to improve core measures, and significant improvement in core measure rates over time.
- Our findings provide the basis for engaging a large segment of the ambulatory pediatric care sector in quality improvement work focused on cost-effectiveness and improved outcomes for South Carolina children.

**Significant Trends in Selected CHIPRA Core Measures from CY2011-2013 Within Intervention Practices**

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**Proactive Vision for Pediatric Quality**

If you could only have 10 parameters

1. Be able to identify a Primary Care Provider
2. Be ready for school upon entry to kindergarten
3. Screened for developmental delays
4. Linked to a dental home and receiving basic oral health services
5. Up to date in receiving pediatric well child care
6. Screened and evaluated for obesity
7. Screened for mental health conditions including substance abuse, domestic violence and family mental illness
8. Receive mental health services when indicated
9. With Special Health Care Needs will have their care coordinated
10. With Asthma will be managed effectively and control maximized

**What contributed to QTIP practices' success?**

- Commitment of a lead practice champion
- Regular quality improvement meetings
- Buy-in from office staff
- Identifying a person and job tasks to oversee quality within the office
- Reviewing data over time
QTIP Created a Culture of Quality

- Leaders felt more comfortable with developing QI projects
- Nurses, front office staff reported increased confidence as partners with doctors in QI decision making
- Providers reported interactions with other providers encouraging their commitments to high performance
- Enhanced care-delivery decision-making
- Awareness of the importance of measuring outcomes and assessing goals
- Focused efforts on behavioral health within the medical home both within and outside of the QTIP practices

What’s in QTIP for me and my practice?

- Development of relationships with other practices to help improve healthcare for SC’s children
- Part IV MOC credit if SC AAP member
- Assistance with integration of mental health services into your office
- Opportunities to participate in learning collaborative sessions, on site technical assistance visits and QI workshops
- Getting prepared for pay for performance changes in the medical market place
- Being at the cutting edge of pediatric practice

Responsibilities:

Practice:

- Collaboration
  - Referrals (QTIP with your other responsibilities [trust me])

- Communication (QI Team)
  - Identify and work on QI projects

- Attending two Learning Collaborative sessions/year

- Provide periodic reporting and data submission to QTIP

- Participate in technical assistance visits

- Work towards
  - Becoming a patient centered medical home (PCMH)
  - Expanding mental health services in your practice

QTIP/SCDHHS + SCAAP:

- Highlight key pediatric quality measures; provide anticipatory guidance
- Teach QI techniques
- Promote PCMH
- Support mental health integration
- Conduct (free) learning collaborative sessions and provide technical assistance
- Provide networking and peer collaboration
- Provide MOC Part IV opportunities

Networking Opportunities

- Visit other practices with us
- Monthly topic based phone calls
- Blog... both for reporting and discussion – https://msp.scdhhs.gov/chipraqtip/
A Short Word About ABP Maintenance of Certification Part IV

- Your QI team will be doing most of the organizational work
- But it is important that you share the data practice wide, especially with those pediatricians who need QI documentation for the ABP
- These pediatricians, as well as all staff, should have the opportunity to see their data and provide their own ideas as to how to move forward.
- All MOC modules involve at least 3 measurements over time and two interventions at a minimum
- How would you use this HPV example for MOC?
- MOC manual in your materials
- Contact ferushton@gmail.com for question.

Trust Us!
(We’re from the Government and here to help)

- We work for you. You don’t work for us
- I’ve looked around the room, and so far I don’t see anybody who has pulled all of their hair out
- We work hard to put ourselves in your shoes
- We are going to push you to be the best that you can be
- We count on you pushing us back!
- But things happen
- Keep us posted

Who do I ask for more information?

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